MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/

590522

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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IND.		•		▼		▼
TOTAL DEP.		+	16	(—
TOTAL CLAIMS			17			
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.b	40 877 88		AFTER		AFTER	
	AS FILED		1"AMENDMENT		2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100 TOTAL						
IND.		🕶		🕶		■
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)

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